

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For	-
assistance in completing this form, see instructions on the reverse side.	

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	COMMITTEE INFORMATION	00 64 40 2	-2422	Company and the second	濫
Full Name of Committee (as on Statement of Organization		ime	· 多基金-多元等		金
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Acronym or Abbreviated Name (if any)	es in about 239771MH	3. Committee Telep	phone Number	STREET	
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4. Mailing Address (address where all gampaign finance con	respondence is received)	eck if this is a new a	ddress		
5. City, State, JZIP Code, 1	200 - 100 -	6. Party Affiliation (if applicable)	EVEN DESCRIPTION	
NODLESVILLE IN 40062		Kepub	lican		MIT-III
CANDIDATE INF	ORMATION (For Candidate's Co				
7. Full Name of Candidate (include any nickname)	PY	8. Papt9 Affiliation of	r If Independe	nt Candidate	
9. Office Sought (Include) district number, if any. Not require	d for exploratory committee.)	10. County of Resi	dence 170	IS THIS AN AMEN	
TYPE OF F	FPORT	(100)	CONVENTIO	ON CANDIDATES ONL	Ý
11. Check one:			Check one:		
Pre-Primary Pre-Election Annual Nomination	Other	ent the Durie	Pre-Con	vention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgo	ng Treasurer (within 10 days amend Statement of O	rganization)	Post-Co	nvention	
12. Reporting Period:	Control of the Contro		LUMN A	COLUMN B	
From: 1-1-2008 Through	h: 4-16-2008	This	Period	Year to Date	
13. Cash on hand and investments at the beginning of this n	eporting period.	84	3.37	1714	
14. Cash on hand and investments January 1, current year.	Tomorrow william to a sonard a			842,37	50004
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(Note: these amounts include in-kind contributions and loans	s, as well as cash contributions.)	0.04		00F 112	
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15b. Unitemized	S THE CHARLES	016	112	025112	-
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16. Add lines 13 and 15c in Column A and lines 14 and 15c	DESCRIPTION OF THE PROPERTY OF	TAL 1661	,80	166.1.80	HAN
EXPENDITURI	S TO THE OWN				
(Note: These amounts include in-kind expenditures and loar				111000	疆
17a. Itemized (use Schedule B) (Public Question: use Schedule B)	dule C)	166'	1.80	1667.80	_
17b. Unitemized	de beamed on current of earth and	1/1/	700	11100	_
17c. Add lines 17a and 17b in both columns	SUBTO	t W W	1.80	10010	_
18. Cash on hand and investments at close of this reporting period (s	subtract 17c from 16 in both columns)	TOTAL	0	0	2003
19. Debts OWED BY the committee (use Schedule D)	T 3 subsciol	1700	1.00		
20. Debts OWED TO the committee (use Schedule E)	TADRITASO GREENIS III VII SI	troff of the state of	0 4		
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Signature on File	F MY KNOWLEDGE AND BELIEF IT IS TRU	UE, CORRECT AND CO	OMPLETE.	8 5 77	
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	ale or used for any commercial purpose. (II	C 3-9-4-5) A person wh	o knowing 7	9 ()	
	on who fails to file a complete or accurate and may be subject to civil penalties. (IC 3-9-4	report as required by	the Indiana	18	
Campaign Finance Law commits a Class o Hisdeniearior, (10 3-14-1-14)	and may be subject to civil penalties. (IC 3-9-4	-10, 10 3-3-4-11, 10 3-3	+10)		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page_	1	of	1	100

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Brad and Trini Beaver 20755 Riverwood are	Contributions: Direct In-Kind (describe)	575.43	575.43	3/18/08
Noblestille IN 46062 Contributor's Occupation (Wrequired)	Other Receipts: Interest Loan Misc. (specify)		W. Enter the or	Blaver
John Culp 970 Logan St	Cogtributions: Direct In-Kind (describe)	150,00	150.00	3/18/08
NOW POUNT OF POPULARY)	Other Receipts: Interest Loan Misc. (specify)	en douz, be elvo	Sable Sable AMOUNT THIS REPORTED THE	Brud Beaver
John and Helen McGee	Contributions: Direct In-Kind (describe)	100.00	100.00	4/14/08
Noblesville IN 4000	Other Receipts: Interest Loan Misc. (specify)	100.00	100.00	Brad Beaver
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY

POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER

BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER'S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDIN
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